

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 10-67)**

SERIAL NO.

599382

FILING DATE

6-22-00

ATTORNEY

**CLAIMS**

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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	NO.	OFF.	NO.	OFF.	NO.	OFF.
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3/23/20